

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030025

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1										
2		1					52					
3		2					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10	1						60					
11	1	2					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2											
TOTAL DEP.		16	↔		↔							
TOTAL CLAIMS	18	18	18	18	18	18						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831